

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

IN RE: \* CASE NO. 16-71666-PMB  
\*  
CAROLYN ELAINE MILLER, \*  
\* CHAPTER 13  
\*  
\*  
\*  
DEBTOR. \*

**CERTIFICATE OF SERVICE**

I certify that I served the Debtor with a true and correct copy of the “Amendment to Chapter 13 Statement of Current Monthly Income and Calculation of Commitment Period and Disposable Income, Schedules I, J, Disclosure of Compensation -- Rule 2016(b), Summary of Schedules and Statistical Summary”.

I further certify that, by agreement of the parties, Adam Goodman, Standing Chapter 13 Trustee, was served via the ECF electronic mail/noticing system.

Dated: 2/10/2017

/s/

Clark & Washington, LLC  
3300 Northeast Expressway  
Building 3  
Atlanta, GA 30341  
(404)522-2222  
Fax (770)220-0685

\_\_\_\_\_  
Andrew H. McCullen  
Attorney for the Debtor  
GA Bar No. 872658

Fill in this information to identify your case:

Debtor 1 Carolyn Elaine Miller

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

Case number 16-71666  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
<b>1. Fill in your employment information.</b>  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	<b>Occupation</b>	<u>Claims Associate</u>	
	<b>Employer's name</b>	<u>State Farm Mutual Auto Ins CO</u>	
	<b>Employer's address</b>	<u>One State Farm Plaza Bloomington, IL 61710</u>	
	<b>How long employed there?</b>	<u>2 Years</u>	

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>3,201.00</u>	\$ <u>N/A</u>
3. <b>Estimate and list monthly overtime pay.</b>	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	\$ <u>3,201.00</u>	\$ <u>N/A</u>

Debtor 1 **Carolyn Elaine Miller**

Case number (if known) **16-71666**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>3,201.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>321.00</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>143.00</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: <b>401(K) Contribution</b>	5h.+ \$ <b>65.00</b>	\$ <b>N/A</b>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>529.00</b>	\$ <b>N/A</b>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>2,672.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify:	8h.+ \$ <b>0.00</b>	\$ <b>N/A</b>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>N/A</b>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>2,672.00</b>	\$ <b>N/A</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ <b>0.00</b>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>2,672.00</b>	
<b>Combined monthly income</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Carolyn Elaine Miller

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

Case number 16-71666  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 687.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 40.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Carolyn Elaine Miller**

Case number (if known) **16-71666**

<b>6. Utilities:</b>								
6a. Electricity, heat, natural gas	6a. \$	<b>132.00</b>						
6b. Water, sewer, garbage collection	6b. \$	<b>82.00</b>						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>0.00</b>						
6d. Other. Specify: <b>Cellular Phone</b>	6d. \$	<b>30.00</b>						
<b>7. Food and housekeeping supplies</b>		7. \$ <b>265.00</b>						
<b>8. Childcare and children's education costs</b>		8. \$ <b>0.00</b>						
<b>9. Clothing, laundry, and dry cleaning</b>		9. \$ <b>25.00</b>						
<b>10. Personal care products and services</b>		10. \$ <b>24.00</b>						
<b>11. Medical and dental expenses</b>		11. \$ <b>20.00</b>						
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.		12. \$ <b>200.00</b>						
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>		13. \$ <b>0.00</b>						
<b>14. Charitable contributions and religious donations</b>		14. \$ <b>0.00</b>						
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	<b>0.00</b>						
15b. Health insurance	15b. \$	<b>0.00</b>						
15c. Vehicle insurance	15c. \$	<b>242.00</b>						
15d. Other insurance. Specify:	15d. \$	<b>0.00</b>						
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:		16. \$ <b>0.00</b>						
<b>17. Installment or lease payments:</b>								
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>						
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>						
17c. Other. Specify:	17c. \$	<b>0.00</b>						
17d. Other. Specify:	17d. \$	<b>0.00</b>						
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>		18. \$ <b>0.00</b>						
<b>19. Other payments you make to support others who do not live with you.</b> Specify:		\$ <b>0.00</b>						
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>								
20a. Mortgages on other property	20a. \$	<b>0.00</b>						
20b. Real estate taxes	20b. \$	<b>0.00</b>						
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>						
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>						
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>						
<b>21. Other:</b> Specify:		21. +\$ <b>0.00</b>						
<b>22. Calculate your monthly expenses</b>								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td><b>1,747.00</b></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td><b>1,747.00</b></td> </tr> </table> </div>		\$	<b>1,747.00</b>	\$		\$	<b>1,747.00</b>
\$			<b>1,747.00</b>					
\$								
\$	<b>1,747.00</b>							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
<b>23. Calculate your monthly net income.</b>								
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>2,672.00</b>						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>1,747.00</b>						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .		23c. \$ <b>925.00</b>						
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No.								
<input type="checkbox"/> Yes. <span style="border: 1px solid black; padding: 2px;">Explain here:</span>								

## Fill in this information to identify your case:

Debtor 1 **Carolyn Elaine Miller**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION**

Case number **16-71666**  
 (if known)

☒ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>67,716.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>31,155.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>98,871.00</b>

## Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>128,343.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>2,178.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>51,394.00</b>
<b>Your total liabilities</b>		\$ <b>181,915.00</b>

## Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>2,672.00</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>1,747.00</b>

## Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**  
☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes
7. **What kind of debt do you have?**  
☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Carolyn Elaine Miller**

Case number (if known) **16-71666**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **3,413.00**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

From Part 4 on <i>Schedule E/F</i> , copy the following:		Total claim
9a. Domestic support obligations (Copy line 6a.)	\$	<b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	<b>2,178.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	<b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$	<b>40,552.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	<b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	<b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$	<b>42,730.00</b>

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION**

In re **Carolyn Elaine Miller**

Debtor(s)

Case No. **16-71666**

Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>4,500.00</b>
Prior to the filing of this statement I have received .....	\$	<b>0.00</b>
Balance Due .....	\$	<b>4,500.00</b>

2. \$ **310.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;  
b. [Other provisions as needed]

**Exhibit "A" - Base Fee Services**

Helping client obtain Pre-filing credit briefing  
Pay advices and tax transcripts/returns  
Initial Intake, etc.  
Pre-confirmation turn-over proceedings/Stop creditor action  
Motion to Extend or to Impose  
Certificate of Exigent Circumstances  
EDO  
341 hearing and reset 341 hearing  
Confirmation hearing and reset confirmation hearing  
Modifications necessary to confirm plan  
Lien avoidances necessary to confirm plan  
Objections to claim necessary to confirm plan  
Bar date review (and all resulting/related pleadings)  
Pre-discharge financial counseling certificate  
Pre-discharge DSO certification

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Exhibit "B" - Post-Confirmation, Non-Base Fees Services/A La Carte Items:**

Motion to Dismiss Case (\$300)	Modification of Confirmed Plan (\$300)
Motion to Suspend/Excuse Default (\$300)	Motion to Sell/Transfer Property (\$500)
Motion to Approve Compromise (\$500)	Motion to Approve Loan/Credit (\$300)
Application to Employ Professional (\$300)	362(k) Motion/Turnover/Damages (\$300)
Trustee/Cred Motion to Modify (\$100)	Objection to Claim (\$100)
Motion to Sever (\$300)	Motion to Reimpose Stay (\$500)
Motion to Reopen/Vacate Dismissal (\$500)	Motion to Retain (\$300)
Motion for Entry of Discharge (\$300)	Motion to Vacate Discharge (\$300)
Motion to Vacate/Reconsider Order (\$300)	Objection to Default Motion (\$300)



In re Carolyn Elaine Miller

Debtor(s)

Case No. 16-71666

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED**  
(Continuation Sheet)

**Motion for Determination re: Rule 3002.1 (\$300)**  
**Motion for Sanctions/Contempt (other than 362) (\$300)**  
**Motion for Relief from Stay (no payment dispute) (\$300)**  
**Motion for Relief from Stay (payment dispute) (\$500)**

**If Client wishes to retain Attorney to represent Client in any Adversary Proceeding or Appellate Proceeding that arises in or is related to this case, Client and Attorney shall execute a separate contract setting forth the fee and scope of representation for that proceeding.**

**If the case is dismissed or converted to another chapter, Debtor directs the Trustee to pay agreed upon fees to Debtor's attorney up to A) \$2,000.00 if the case is dismissed or converted prior to confirmation of the plan, or B) the allowed fees upon conversion or dismissal after confirmation of the plan**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Pursuant to General Order No. 9, I certify that I provided to the debtor(s) a copy of the "Rights and Responsibilities Statement Between Chapter 13 Debtors and Their Attorneys." I certify that a copy of each of the notices required by 11 U.S.C. Section 342(b), Section 527(a)(2), and Section 527(b) has been provided to, and discussed with, the debtor(s).

**February 7, 2017**

*Date*

**/s/ Andrew Houston McCullen GA Bar No.**

**Andrew Houston McCullen GA Bar No. 872658**

*Signature of Attorney*

**Clark & Washington, L.L.C.**

**3300 Northeast Expressway**

**Building 3**

**Atlanta, GA 30341**

**770-488-9338 Fax: 770-220-0685**

**cworders@cw13.com**

*Name of law firm*

Date **February 7, 2017**

Signature **/s/ Carolyn Elaine Miller**

**Carolyn Elaine Miller**

Debtor

Fill in this information to identify your case:

Debtor 1 Carolyn Elaine Miller

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

Case number 16-71666  
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☒ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☒ Not married. Fill out Column A, lines 2-11.

☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 3,201.00	\$
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00

Debtor 1 **Carolyn Elaine Miller**Case number (if known) **16-71666**

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

**7. Interest, dividends, and royalties**\$ **0.00****8. Unemployment compensation**\$ **0.00**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**

For your spouse ..... \$

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.\$ **0.00****10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.**Sister's Contribution**\$ **212.00**\$ **0.00**

Total amounts from separate pages, if any.

+ \$ **0.00****11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <b>3,413.00</b>	+	\$	=	\$ <b>3,413.00</b>
Total average monthly income				

**Part 2: Determine How to Measure Your Deductions from Income****12. Copy your total average monthly income from line 11.** \$ **3,413.00****13. Calculate the marital adjustment.** Check one:

- ☒ You are not married. Fill in 0 below.
- ☐ You are married and your spouse is filing with you. Fill in 0 below.
- ☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

	\$
	\$
	+\$

Total ..... \$ **0.00** Copy here=> - **0.00****14. Your current monthly income.** Subtract line 13 from line 12.\$ **3,413.00****15. Calculate your current monthly income for the year.** Follow these steps:15a. Copy line 14 here=> ..... \$ **3,413.00**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. ....

\$ **40,956.00**

Debtor 1 **Carolyn Elaine Miller**Case number (if known) **16-71666****16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live.

GA

16b. Fill in the number of people in your household.

1

16c. Fill in the median family income for your state and size of household.

\$ 42,735.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**18. **Copy your total average monthly income from line 11 .** \$ 3,413.0019. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.0019b. **Subtract line 19a from line 18.**\$ 3,413.00**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b

\$ 3,413.00

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 40,956.00

20c. Copy the median family income for your state and size of household from line 16c

\$ 42,735.00**21. How do the lines compare?**☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Carolyn Elaine Miller****Carolyn Elaine Miller**

Signature of Debtor 1

Date **February 7, 2017**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

IN RE:	*	CASE NO. 16-71666-PMB
	*	
CAROLYN ELAINE MILLER,	*	
	*	CHAPTER 13
	*	
	*	
	*	
DEBTOR.	*	

**UNSWORN DECLARATION UNDER PENALTY OF PERJURY**

I, Carolyn Elaine Miller, hereby certify under penalty of perjury that the attached pleading is true and correct to the best of my information and belief.

Date 2/7/2017

Signed s/\_\_\_\_\_  
Carolyn Elaine Miller